

Embassy of the United States of America

Attention: Special Self Help Coordinators
Corner of United Nations and Independence
PO Box 31617, Lusaka, Zambia
Phone: 250955, Fax: 252225

The U. S. Ambassador's Special Self Help Fund

Application Form Available Free of Charge For office use only

Rec'd on	Resp. Sent on
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1. Organization Name:.....

Please attach *registration* documentation, but do NOT attach organization constitution.

Founded on (date):.....

Where (City/Town): (Province):.....

Goals/Objectives:.....

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Membership requirements:.....

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.....

Number of registered members: Female Male

Does the organization have an office? *Yes..... No

*If yes, please provide documentation of building ownership or user rights.

Organization goals/objectives: (Do NOT attach constitution.)

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2. Contact Information: This person would serve as the Project Manager, responsible for obtaining invoices, receipts, materials, receiving funding, coordinating the work, and seeing that the project is completed on time. (Do NOT attach CV or copy of Zambian ID.)

Name (First, Last) Telephone:

Post Address-PO Box, P/Bag, Plot, City/Town: Fax number:

..... Email:.....

3. Activity:

A. Please tell us exactly what you want the money for. Examples: "To build a 3-classroom school", "to purchase a hammer mill", "to dig a borehole", etc.

- Do **NOT** attach any project proposals!

[illegible]

B. Beneficiaries: Who will *immediately and directly benefit* from your project?

Estimated numbers: Men Women Children

C. Where will this activity take place?

(City/Town):..... (Province):.....

Check one. The project requires: Land..... Building..... Both..... Neither.....

Do you own, or have user rights to the above land/building? Yes..... No.....

If yes, please attach documentation of land/building ownership or user rights.

If no, how will you obtain these rights?

D. How did the community or your organization get the idea for this project? Please attach

D. How did the community or your organization get the idea for this project? Please attach documentation of community support, for example, signatures of endorsement, minutes from community meetings, etc.

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E. If funds for machines (i.e. mill, oil press, etc.) are requested, who will maintain the equipment? What are their qualifications?

Name:

Qualifications:

F. Is electricity necessary to your project? Yes..... No.....

If yes, how far is it from project site?

How will it be paid for?.....

G. Is water necessary to your project (required for schools, clinics, animals, etc.)?

Yes..... No.....

What is the source (tap, borehole)?

Is it consumable? Yes No

How far is it from project site?

How will it be brought to the site?

If a cost is involved, how will it be paid for?

H. Toilets are required for schools and clinics. How will they be provided?

I. Are there any environmental issues related to your project such as run-off, clearing or conversion of land, etc? Yes..... No.....

If yes, what is the issue?

Have you received consultation regarding the environment issue? Yes..... No

Please explain:

J. *Community contribution* is required. What contribution will the community make to this project?

Labor: Yes.....No..... If yes, how many people? What kind of work?

Equipment: Yes.....No..... Describe:.....

Materials: Yes.....No..... Describe:.....

.....
Money: Yes.....No..... If yes, how much? ZK

K. Has **this project** already received (labor, materials, or funds) from other sources, including other grants programs of the U.S. government? Yes..... No.....

Have you applied elsewhere for this project? Yes, K..... No.....

If yes to either question, please explain:

Agency: When:

L. Has **your organization** ever received (labor, materials, or funds) from other sources, including other grants programs of the U.S. government?

If yes to this question, please explain:

Agency: When:

Project:.....

M. Special requirements:

❖ Clinic Requirements :1.)**Acknowledgement** from the Ministry of Health or Provincial Health Officer and/or 2.)**Statement** that an NGO or health organization is committed to provide appropriate staff.

❖ Road/Bridge construction requirements: **Approval** from district council/local government, and documents which clarifies whether or not the proposed area is under ZESCO's jurisdiction.

❖ Community Schools Requirement: A copy of the ZCSS registration.

❖ Any construction project requirement: **Building plan** with dimensions.

N. FINANCES:

Total amount needed to complete this project: (Include community contributions, if any, and funding from other sources.) ZK.....

Total amount requested from the Self Help Program *ZK

*Provide an **itemized budget** for this amount. Please include the quantities and costs in ZK of each item. **Do not attach invoices/proformas or additional pages.**

Item	Quantity	Unit Price	Total
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(budget continues)

[illegible]

O. Viability of Income Generating Projects (Please continue to the next section if not applicable.)

Use the back side on this page if more space is needed. Do NOT attach additional pages.

- Where will you sell your products?
- Who will buy them?

[illegible]

Total monthly sales: K.....

What are the monthly running costs, such as electricity and transportation, associated with your activity? Please list all items and their associated costs.

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Total monthly running costs: K.....

What will be the net income/profits generated?

(Total sales minus total running costs) K

How will you use these profits?

Percentage (%)	Purpose
.....
.....
.....
.....

Total 100%

P. Map to site. A detailed drawing or a map with landmarks is required and should be drawn on the back of this page. Be sure to note below the kilometers from the nearest large town to the site (*Example: '125Km east of Lusaka on the main road'*) and be very specific.

4. References: Please provide 3 letters of references from people you have worked with in the past and/or references for your organization. All references must validate the project, the organization and confirm your ability to organize and manage it.

Name 1:..... Name 2:.....

Name 3:..... Your name (print):

Signature: Date:

Check List

Make sure that you have attached or included the following documents. Please write the **BOLD** words on top of the corresponding attachments.

- 3 letters of reference (**REF 1**, **REF 2**, & **REF 3**) required for all applications.
- **Map** drawn on back side of this page, required for all applications.
- Documentation on **land/building** ownership or user rights, if applicable.
- Evidence of **community** support, required for all applications.
- Check under "**M Special requirements**". Attach all relevant documents.

Do NOT attach the following:

- Constitution of organization.
- Project proposals.
- Invoices/performas.
- CVs or copis of Zambia national I.D.s.
- Photos.
- Any other unrequested information.